

County of Los Angeles “MAMAs Neighborhood Clinical Site (Harbor-UCLA Medical Center, LAC+USC Medical Center, Olive View –UCLA Medical Center, Martin Luther King Outpatient, Hubert Humphrey Outpatient, Hubert Humphrey CHC, Wilmington Health Center)”  
Waiver of Liability, Assumption of Risk & Indemnity Agreement

Waiver: The Maternity Assessment, Management, Access, and Service (MAMA’s) Neighborhood is a new program for pregnant women offered for free by the office of Women’s Health Programs & Innovation at the Los Angeles County Department of Health Services (DHS). MAMA’s Neighborhood provides quality healthcare and interventions for pregnant women and partners with community agencies to build a neighborhood network of care.

The goal of MAMA’s Neighborhood is to lower preterm birth by 5% by 2015. Outcomes for this initiative include both improved quality of care, mother’s satisfaction with care, and neighborhood activities.

- herein called "The Activity"-- the signer of this Waiver understands and assumes the risk associated with being in close proximity to high voltage electrical equipment and agrees to the terms and conditions of this Waiver of Liability; Assumption of Risk and Indemnity Agreement.

Hereinafter called "The Activity", I, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and covenant not to sue** County of Los Angeles “MAMAs Neighborhood Clinical Site (Harbor-UCLA Medical Center, LAC+USC Medical Center, Olive View –UCLA Medical Center, Martin Luther King Outpatient, Hubert Humphrey Outpatient, Hubert Humphrey CHC, Wilmington Health Center)”, its officers, employees, and agents from liability **from any and all claims** resulting in personal injury, accidents or illnesses (including death) and property loss arising from, but not limited to, participation in The Activity.

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) any possible risks that exist by virtue of being in close proximity to high voltage electrical equipment, including possible burns, falls, or any other damage or personal injury 2) major injuries such as severe burns, slip and falls, or any other bodily injury that may occur such as heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNITY AND HOLD the County of Los Angeles “MAMAs Neighborhood Clinical Site (Harbor-UCLA Medical Center, LAC+USC Medical Center, Olive View –UCLA Medical Center, Martin Luther King Outpatient, Hubert Humphrey Outpatient, Hubert Humphrey CHC, Wilmington Health Center)” and its elected and appointed officers, employees, and agents HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, and fees (including attorney and expert

witness fees), arising from or connected with any involvement in The Activity and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully **understand its terms, and understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

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Signature of Individual

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Print Name

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Date